Patricia Gunderson
Superintendent

# LASSEN COUNTY OFFICE OF EDUCATION
## EXPENSE REIMBURSEMENT

**Name:** _____

**Is this Reimbursement from a Travel Request?**
☐ YES ☐ NO

**Month:** _____

**Year:** _____

**Program to be Charged:** _____

**Personal Vehicle Mileage Reimbursement Rate**

| | Locations Traveled | | No County Car Available | County Car Available | Other Expenses | |
|---|---|---|---|---|---|---|
| **Date** | **Start** | **End** | **$0.725 /Mile** | **$0.425 /Mile** | **Description** | **Amount** |
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| | | **TOTAL MILES** | | | | |
| | | **SUBTOTALS** | | | **SUBTOTAL** | |

I certify that the above is a true statement of expenses incurred on official business of the Lassen County Office of Education.

**TOTAL REIMBURSEMENT:** _____

**Signature:** _____
Claimant

**Signature:** _____
Approved By